

**DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
HEALTH AND RECOVERY SERVICES ADMINISTRATION  
Olympia, Washington**

**To:** DME Providers  
Pharmacists  
Managed Care Plans

**Memorandum No: 05-119 MAA**  
**Issued:** December 28, 2005

**From:** Douglas Porter, Assistant Secretary  
Health and Recovery Services  
Administration (HRSA)

**For information, contact:**  
1-800-562-3022

**Subject: Wheelchairs and Other Durable Medical Equipment (DME) Program: Fee Schedule Changes**

**Effective for dates of service on and after January 1, 2006, HRSA will revise the fee schedule for Medical Supplies and Equipment to match HCPCS\* Level II codes.**

### **What has changed?**

The HCPCS codes for the Wheelchair and Other Durable Medical Equipment (DME) program have been revised. Revisions include: discontinued codes, added codes, updated code descriptions, and updated rates. (Updated codes and descriptions are indicated with dark red text and/or yellow highlighting. When printed, the highlighted areas and dark red text will appear as gray.)

Effective for dates of service on and after January 1, 2006, the following HCPCS codes will be **discontinued**:

- |         |         |         |         |
|---------|---------|---------|---------|
| • E0169 | • E1021 | • E1213 | • K0076 |
| • E0953 | • E1025 | • K0064 | • K0078 |
| • E0954 | • E1026 | • K0066 | • K0102 |
| • E0996 | • E1027 | • K0067 | • K0104 |
| • E1000 | • E1210 | • K0068 | • K0106 |
| • E1001 | • E1211 | • K0074 | • K0452 |
| • E1019 | • E1212 | • K0075 |         |

Effective for dates of service on and after January 1, 2006, the following HCPCS codes will be **added**:

- |         |         |         |         |
|---------|---------|---------|---------|
| • A9275 | • E0762 | • E2212 | • E2221 |
| • A9281 | • E0764 | • E2213 | • E2222 |
| • A9282 | • E0911 | • E2214 | • E2223 |
| • E0170 | • E0912 | • E2215 | • E2224 |
| • E0171 | • E2207 | • E2216 | • E2225 |

- |         |         |         |         |
|---------|---------|---------|---------|
| • E0172 | • E2208 | • E2217 | • E2226 |
| • E0641 | • E2209 | • E2218 | • E2371 |
| • E0642 | • E2210 | • E2219 | • E2372 |
| • E0705 | • E2211 | • E2220 |         |

Effective for dates of service on and after January 1, 2006, the following HCPCS codes will be revised:

- |         |         |         |         |
|---------|---------|---------|---------|
| • E0116 | • E0935 | • E1038 | • E1233 |
| • E0637 | • E0955 | • E1039 | • K0669 |
| • E0638 | • E0971 | • E1232 |         |

### **Billing Instructions Replacement Pages**

Attached are replacement pages iii – iv, D.1 – D.2, G.11 – G.12, I.1 – I.26 and J.9 – J.28 to HRSA's current *Wheelchairs and Durable Medical Equipment (DME) Billing Instructions*.

Bill HRSA your usual and customary charges.

### **How do I conduct business electronically with HRSA?**

You may conduct business electronically with HRSA by accessing the WAMedWeb at <http://wamedweb.acs-inc.com>.

### **How can I get HRSA's provider issuances?**

To obtain DSHS/HRSA provider numbered memoranda and billing instruction, go to the DSHS/HRSA website at <http://hrsa.dshs.wa.gov> (click *the Billing Instructions and Numbered Memorandum* link). These may be downloaded and printed.

## **Table of Contents (Cont.)**

<b>Section M:</b>	<b>Common Questions Regarding Medicare Part B/ Medicaid Crossover Claims .....</b>	<b>M.1</b>
	<b>How to Complete the HCFA-1500 Claim Form for Medicare Part B/Medicaid Crossovers</b>	
	General Guidelines.....	M.3
	Sample HCFA-1500 Medicare Part B/Medicaid Crossover Form .....	M.8
<b>Appendix A:</b>	<b>Reimbursement Methodology for Wheelchairs .....</b>	<b>1</b>
<b>Appendix B:</b>	<b>Reimbursement Methodology for Other DME .....</b>	<b>2</b>

# Important Contacts

---

A provider may use HRSA's toll-free lines for questions regarding its programs; however, HRSA's response is based solely on the information provided to the [HRSA] representative at the time of the call or inquiry, and in no way exempts a provider from following the rules and regulations that govern HRSA's programs. [WAC 388-502-0020(2)].

**Where do I call for information on becoming a DSHS provider, submitting a change of address or ownership, or to ask questions about the status of a provider application?**

**Call the toll-free line:**  
(800) 562-3022

**Where do I send my claims?**

Division of Program Support  
PO Box 9247  
Olympia WA 98507-9247

**How do I request prior authorization?**

**All authorization issues, questions or comments should be addressed to:**

**Write/Call:**  
Division of Medical Management  
Durable Medical Equipment  
PO Box 45506  
(800) 292-8064  
(360) 586-5299 (fax)

**How do I request a Limitation Extension?**

**Write/Call:**  
Division of Medical Management  
Durable Medical Equipment  
PO Box 45506  
Olympia, WA 98504-5506  
(800) 292-8064  
(360) 586-5299 (fax)

**Who do I contact about the actual reimbursement rate listed in the fee schedule?**

DME - Program Manager  
Professional Reimbursement  
Division of Business and Finance  
PO Box 45510  
Olympia, WA 98504-5510  
(360) 753-9152 (fax)

**Who do I contact if I have questions regarding...**

**Policy, payments, denials, general questions regarding claims processing, Healthy Options, or to request billing instructions?**

Provider Relations Section  
(800) 562-3022

**Private insurance or third-party liability, other than Healthy Options?**

Coordination of Benefits Section  
(800) 562-6136

**How do I obtain copies of billing instructions or numbered memoranda?**

**Go to HRSA's web site at:**  
<http://maa.dshs.wa.gov>, Provider Publications/Fee Schedules link.

# Coverage

---

## What is covered? [Refer to WAC 388-543-1100]

The Medical Assistance Administration (MAA) covers the following subject to the provisions of this billing instruction:

- Wheelchairs and other DME;
- Equipment and supplies prescribed in accordance with an approved plan of treatment under the home health program;
- Orthotic Devices;
- Equipment and supplies for the management of diabetes;
- Replacement batteries (for covered, purchased, medically necessary DME equipment); and
- Bilirubin lights (limited to rentals for at-home newborns with jaundice).



**Note:** Those HCPCS codes with a “#” symbol in the maximum allowable column of the fee schedule are not covered by MAA.

## What are the general conditions of coverage?

MAA covers the services listed above when all of the following apply. They must be:

- Medically necessary (see *Definitions* section). The provider or client must submit sufficient objective evidence to establish medical necessity. Information used to establish medical necessity includes, but is not limited to, the following:
  - ✓ A physiological description of the client’s disease, injury, impairment, or other ailment, and any changes in the client’s condition written by the prescribing physician, **ARNP, PAC**, licensed prosthetist and/or orthotist, physical therapist, occupational therapist, or speech therapist; **and/or**
  - ✓ Video and/or photograph(s) of the client demonstrating the impairments and the client’s ability to use the requested equipment, when applicable.

## Wheelchairs, Durable Medical Equipment, and Supplies

- Within the scope of an eligible client's medical care program (see *Client Eligibility* section);
- Within accepted medical or physical medicine community standards of practice;
- Prior authorized (see *Prior Authorization* section);
- Prescribed by a physician, advanced registered nurse practitioner (ARNP), or physician assistant certified (PAC).
  - Must be dated and signed by the prescriber;
  - Must be less than six months in duration from the date the prescriber signs the prescription; and
  - Must state the specific item or service requested, diagnosis, estimated length of need (weeks, months, or years), and quantity.

**NOTE:** The prescription requirements do not apply to a dual eligible client when the department is a secondary payor.

- Billed to the department as the payer of last resort only. MAA does not pay first and then collect from Medicare.

See the *Wheelchair Fee Schedule* and *Other DME Fee Schedule* sections (I and J) for a complete list of covered medical equipment and related supplies, repairs, and labor charges.

**Note:** The evaluation of a By Report (BR) item, procedure, or service for its medical appropriateness and reimbursement value on a case-by-case basis.

## What are other specific conditions of coverage?

### Clients Residing in a Nursing Facility

- MAA covers the following for a client in a nursing facility:

The purchase and repair of:

- A speech generating device (SGD);
- A wheelchair for the exclusive full-time use of a permanently disabled nursing facility resident when the wheelchair is not included in the nursing facility's per diem rate; or
- A specialty bed; and
- The rental of a specialty bed.

All other DME and supplies identified in this billing instruction are the responsibility of the nursing facility, in accordance with chapters 388-96 and 388-97 WAC.

**765 Non-Spinal Bone Growth Stimulator**

Allowed **only** for purchase of brands that have pulsed electromagnetic field simulation (PEMF) when one or more of the following criteria is met. The client:

- 1) Has a nonunion of a long bone fracture (which includes clavicle, humerus, phalanges, radius, ulna, femur, tibia, fibula, metacarpal & metatarsal) after 6 months have elapsed since the date of injury without healing; or
- 2) Has a failed fusion of a joint other than in the spine where a minimum of 6 months has elapsed since the last surgery.

**Procedure Code: E0748 NU**

**770 Spinal Bone Growth Stimulator**

Allowed for purchase when the prescription is from a neurologist, an orthopedic surgeon, or a neurosurgeon and when one or more of the following criteria is met. The client:

- 1) Has a failed spinal fusion where a minimum of 9 months have elapsed since the last surgery; or
- 2) Is post-op from a multilevel spinal fusion surgery; or
- 3) Is post-op from spinal fusion surgery where there is a history of a previously failed spinal fusion.



**Note:**

- 1) If the client's medical condition does not meet **all** of the specified criteria, prior authorization must be obtained by submitting a request to the DME program (see the *Important Contacts*) or by calling the authorization toll-free number at 1-800-292-8064.
- 2) It is the vendors' responsibility to determine whether the client has already used the EPA rental period allowed under EPA criteria or if the client has already established rental through another vendor. The EPA rental is allowed only one time, per client, per 12-month period.
- 3) For extension of authorization beyond the EPA period, prior authorization must be obtained either by submitting the request in writing or calling the toll-free authorization line. At this time a new authorization number will be assigned.

**MISCELLANEOUS DURABLE MEDICAL EQUIPMENT**

**Procedure Code: E0603 & E0604 RR**

**800 Breast pump, electric**

Unit may be rented for the following lengths of time and when the criteria are met. The client:

- 1) Has a maximum of 2 weeks during any 12-month period for engorged breasts;
- 2) Has a maximum of 3 weeks during any 12-month period if the client is on a regimen of antibiotics for a breast infection;
- 3) Has a maximum of 2 months during any 12-month period if the client has a newborn with a cleft palate; or
- 4) Has a maximum of 2 months during any 12-month period if the client meets **all** of the following:
  - a. Has a hospitalized premature newborn;
  - b. Has been discharged from the hospital; and
  - c. Is taking breast milk to hospital to feed newborn.

**Procedure Code: E0935 RR**

**810 Continuous Passive Motion System (CPM)**

Up to 10 days rental during any 12-month period, upon hospital discharge, when the client is diagnosed with one of the following:

- 1) **Frozen knee joints;**
- 2) Intra-articular tibia plateau fracture;
- 3) Anterior cruciate ligament injury; or
- 4) Total knee replacement.

## Wheelchairs, Durable Medical Equipment, and Supplies

### Procedure Code: E0650 RR

#### 820 Extremity pump

Up to 2 months rental during a 12-month period for treatment of severe edema.

Purchase of the equipment should be requested and rental not allowed when equipment has been determined to be:

- 1) Medically effective;
- 2) Medically necessary; and
- 1) A long-term, permanent need.

### Procedure Code: E1399

#### 754 Prone stander, child size (child up to 48" tall). Includes padding, chest and foot straps. Purchase of 1 every 5 years per client when the following criteria are met:

- 1) Prescribed by a physician
- 2) Client does not reside in a nursing facility.

### Procedure Code: E1399

#### 755 Prone stander, youth size (child up to 58" tall). Includes padding, chest and foot straps. Purchase of 1 every 5 years per client when all of the following criteria are met:

- 1) Prescribed by a physician
- 2) Client does not reside in a nursing facility.

### Procedure Code: E1399

#### 756 Prone stander, infant size (infant up to 38" tall). Includes padding, chest and foot straps. Purchase of 1 every 5 years per client when all of the following criteria are met:

- 1) Prescribed by a physician
- 2) Client does not reside in a nursing facility.

### Procedure Code: E1399

#### 758 Prone stander, adult size (adult up to 75" tall). Includes padding, chest and foot straps. Limit of 1 per client every 5 years allowed when all of the following criteria are met:

- 1) Prescribed by a physician
- 2) Client does not reside in a nursing facility.

### Procedure Code: E1399

#### 759 Shower, hand-held. Purchase allowed when all of the following criteria are met:

- 1) Prescribed by a physician
- 2) Client does not reside in a nursing facility.

### Procedure Code: E1399

#### 764 Breast pump kit for electric breast pump. Purchase allowed when all of the following criteria are met:

- 1) When needed for use with an authorized electric breast pump; (either prior authorization or EPA);
- 2) Client is not in a nursing facility.
- 3) Prescribed by a physician.

### Procedure Code: E1399

#### 766 Bath seat without back. Purchase allowed when all of the following criteria are met:

- 1) Prescribed by a physician
- 2) Client does not reside in a nursing facility.

### Procedure Code: E1399

#### 767 Heavy duty bath chair (for clients over 250lbs.) Purchase allowed when all of the following criteria are met:

- 1) Prescribed by a physician
- 2) Client does not reside in a nursing facility.

# Wheelchair Fee Schedule

All wheelchairs and wheelchair rentals require prior authorization.  
Rental rates are monthly unless otherwise indicated.

## Manual Wheelchairs (Covered HCPCS Codes)

HCPCS Code	Modifier	January 1, 2006 Maximum Allowable	Description
E1031	NU	\$1,496.80	Rollabout chair, any and all types with casters five inches or greater.
E1039		#	Transport chair, adult size, heavy duty, patient weight capacity greater than 300 pounds. <b>Description change</b>
E1060	RR	\$124.22	Fully reclining wheelchair; detachable arms, desk or full-length, swing-away, detachable, elevating leg rests. <b>See Expedited Prior Authorization (EPA), Section G.</b>
E1161	NU	\$2,366.09	Manual adult size wheelchair, includes tilt in space.
E1229	NU	BR	Wheelchair, pediatric size, not otherwise specified.
E1231	NU	80%	Wheelchair, pediatric size, tilt- in- space, rigid, adjustable, with seating system.
E1232	NU	BR	Wheelchair, pediatric size, tilt-in-space, folding, adjustable, with seating system.
E1233	NU	BR	Wheelchair, pediatric size, tilt-in-space, rigid, adjustable, without seating system.
E1234	NU	\$1,928.95	Wheelchair, pediatric size, tilt in space, folding, adjustable, without seating system.

## Wheelchairs, Durable Medical Equipment, and Supplies

HCPCS Code	Modifier	January 1, 2006 Maximum Allowable	Description
E1235	NU	\$1,857.43	Wheelchair, pediatric size, rigid, adjustable, with seating system.
E1236	NU	\$1,638.73	Wheelchair, pediatric size, folding, adjustable, with seating system.
E1237	NU RR	\$1,653.05 \$165.30	Wheelchair, pediatric size, rigid, adjustable, without seating system.
E1238	NU	\$1,723.55	Wheelchair, pediatric size, folding, adjustable, without seating system.
K0001	NU RR	\$532.70 \$53.27	Standard wheelchair (all styles of arms, foot rests, and/or leg rests). <b>See Expedited Prior Authorization (EPA), Section G (for rental only).</b>
K0002	NU RR	\$695.60 \$69.56	Standard hemi(low seat) for wheelchair
K0003	NU RR	\$895.80 \$89.59	Lightweight wheelchair (all styles of arms, foot rests, and/or leg rests). <b>See Expedited Prior Authorization (EPA), Section G (for rental only).</b>
K0004	NU	\$1,336.40	High strength, lightweight wheelchair.
K0005	NU	\$1,848.76	Ultralightweight wheelchair.
K0006	NU RR	\$1254.10 \$125.41	Heavy-duty wheelchair (all styles of arms, foot rests, and/or leg rests). <b>See Expedited Prior Authorization (EPA), Section G.</b>
K0007	NU	\$1,785.00	Extra heavy-duty wheelchair.
K0009	NU	80%	Other manual wheelchair/base.

## Wheelchairs, Durable Medical Equipment, and Supplies

HCPSC Code	Modifier	January 1, 2006 Maximum Allowable	Description
------------	----------	--------------------------------------	-------------

### Manual Wheelchairs (Noncovered HCPSC Codes)

E1037		#	Transport chair, pediatric size
E1038	Updated	#	Transport chair, adult size, patient weight capacity up to and including 300 pounds. <b>Description change.</b>
E1050		#	Fully reclining wheelchair; fixed full-length arms, swing-away, detachable, elevating leg rests (see codes K0003 & E1226)
E1070		#	Fully reclining wheelchair; detachable arms, desk or full-length, swing-away, detachable footrests (see codes K0003 & E1226)
E1083		#	Hemi-wheelchair; fixed full-length arms, swing-away, detachable, elevating leg rests (see code K0002 or K0003)
E1084		#	Hemi-wheelchair; detachable arms, desk or full-length, swing-away, detachable, elevating leg rests (see code K0002 or K0003)
E1085		#	Hemi-wheelchair; fixed full-length arms, swing-away, detachable footrests (see code K0002 or K0003)
E1086		#	Hemi-wheelchair; detachable arms, desk or full-length, swing-away, detachable footrests (see code K0002 or K0003)
E1087		#	High-strength lightweight wheelchair; fixed full-length arms, swing-away, detachable, elevating leg rests (see K0004)
E1088		#	High-strength lightweight wheelchair; detachable arms, desk or full-length, swing-away, detachable, elevating leg rests (see K0004)
E1089		#	High-strength lightweight wheelchair; fixed-length arms, swing-away, detachable footrests (see K0004)

## Wheelchairs, Durable Medical Equipment, and Supplies

<b>HCPCS Code</b>	<b>Modifier</b>	<b>January 1, 2006 Maximum Allowable</b>	<b>Description</b>
E1090		#	High-strength lightweight wheelchair; detachable arms, desk or full-length, swing-away, detachable footrests (see K0004)
E1092		#	Wide, heavy-duty wheelchair; detachable arms, desk or full-length, swing-away, detachable, elevating leg rests (see K0007)
E1093		#	Wide, heavy-duty wheelchair; detachable arms, desk or full-length arms, swing-away, detachable footrests (see K0007)
E1100		#	Semi-reclining wheelchair; fixed full-length arms, swing-away, detachable, elevating leg rests (see K0003 & E1226)
E1110		#	Semi-reclining wheelchair; detachable arms, desk or full-length, elevating leg rests (see K0003 & E1226)
E1130		#	Standard wheelchair; fixed full-length arms, fixed or swing-away, detachable footrests (see K0001)
E1140		#	Wheelchair; detachable arms, desk or full-length, swing-away, detachable footrests (see K0001)
E1150		#	Wheelchair; detachable arms, desk or full-length, swing-away, detachable, elevating leg rests (see K0001)
E1160		#	Wheelchair; fixed full-length arms, swing-away, detachable, elevating leg rests
E1170		#	Amputee wheelchair; fixed full-length arms, swing-away, detachable, elevating leg rests. (see K0001 - K0005)
E1171		#	Amputee wheelchair; fixed full-length arms, without footrests or leg rests. (see K0001 - K0005)

## Wheelchairs, Durable Medical Equipment, and Supplies

HCPCS Code	Modifier	January 1, 2006 Maximum Allowable	Description
E1172		#	Amputee wheelchair; detachable arms, desk or full-length, without footrests or leg rests. (see K0001 - K0005)
E1180		#	Amputee wheelchair; detachable arms, desk or full-length, swing-away, detachable footrests. (see K0001 - K0005)
E1190		#	Amputee wheelchair; detachable arms, desk or full-length, swing-away, detachable, elevating leg rests. (See K0001 - K0005)
E1195		#	Heavy duty wheelchair; fixed full-length arms, swing-away, detachable, elevating leg rests. (See K0007)
E1200		#	Amputee wheelchair; fixed full-length arms, swing-away, detachable footrests. (See K0001 - K0005)
E1240		#	Lightweight wheelchair; detachable arms, desk or full-length, swing-away, detachable, elevating leg rests. (See K0003 or K0004)
E1250		#	Lightweight wheelchair; fixed full-length arms, swing-away, detachable, footrests. (See K0003 or K0004)
E1260		#	Lightweight wheelchair; detachable arms, desk or full-length, swing-away, detachable footrests. (See K0003 or K0004)
E1270		#	Lightweight wheelchair; fixed full-length arms, swing-away, detachable elevating leg rests. (See K0003 or K0004)
E1280		#	Heavy-duty wheelchair; detachable arms, desk or full-length, elevating leg rests. (See K0007)
E1285		#	Heavy-duty wheelchair; fixed full-length arms, swing-away, detachable footrests. (See K0007)

## Wheelchairs, Durable Medical Equipment, and Supplies

<b>HCPCS Code</b>	<b>Modifier</b>	<b>January 1, 2006 Maximum Allowable</b>	<b>Description</b>
E1290		#	Heavy-duty wheelchair; detachable arms, desk or full-length, swing-away, detachable footrests. (See K0007)
E1295		#	Heavy-duty wheelchair; fixed full-length arms, elevating leg rests. (See K0007)

## Power Wheelchairs (Covered HCPCS Codes)

<b>HCPCS Code</b>	<b>Modifier</b>	<b>January 1, 2006 Maximum Allowable</b>	<b>Description</b>
E1230	NU	\$2,261.79	Power operated vehicle (three or four wheel non highway), specify brand name and model number.
E1239	NU	BR	Power wheelchair, pediatric size, not otherwise specified.
K0010	NU RR	\$4,259.90 \$425.99	Standard-weight frame motorized/power wheelchair
K0011	NU RR	\$5,122.80 \$512.28	Standard-weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking.
K0012	NU RR	\$3,249.20 \$324.92	Lightweight portable motorized/power wheelchair.
K0014	NU	85%	Other motorized/power wheelchair base.

HCPCS Code	Modifier	January 1, 2006 Maximum Allowable	Description
------------	----------	--------------------------------------	-------------

## Power Wheelchairs (Noncovered HCPCS Codes)

<del>E1210</del> Updated	#	<del>Motorized wheelchair; fixed full-length arms, swing-away, detachable, elevating leg rests. (See K0010 – K0014)</del> <b>Discontinued effective 1/1/06</b>
<del>E1211</del> Updated	#	<del>Motorized wheelchair; detachable arms, desk or full-length, swing-away, detachable, elevating leg rests. (See K0010 – K0014)</del> <b>Discontinued effective 1/1/06</b>
<del>E1212</del> Updated	#	<del>Motorized wheelchair; fixed full-length arms, swing-away, detachable footrests. (See K0010 – K0014)</del> <b>Discontinued effective 1/1/06</b>
<del>E1213</del> Updated	#	<del>Motorized wheelchair; detachable arms, desk or full-length, swing-away, detachable footrests. (See K0010 – K0014)</del> <b>Discontinued effective 1/1/06</b>

## Special Size Wheelchairs - Power or Manual (Noncovered HCPCS Codes)

E1220	#	Wheelchair; specially sized or constructed (indicate brand name, model number, if any, and justification). (See K0009 or K0014)
E1221	#	Wheelchair with fixed arm, footrests. (See K0001 - K0014)
E1222	#	Wheelchair with fixed arm, elevating leg rests. (See K0001 - K0014)
E1223	#	Wheelchair with detachable arms, footrests. (See K0001 - K0014)
E1224	#	Wheelchair with detachable arms, elevating leg rests. (See K0001 - K0014)

# Wheelchair Modifications, Accessories, and Repairs

All modifications, accessories, and repairs require prior authorization.

## Cushions

HCPSC Code	Modifier	January 1, 2006 Maximum Allowable	Description
E0977		\$65.41	Wedge cushion, wheelchair.
E2601		\$88.65	General use wheelchair seat cushion, width less than 22 inches, any depth
E2602		\$161.88	General use wheelchair seat cushion, width 22 inches or greater, any depth.
E2603		\$223.04	Skin protection wheelchair seat cushion, width less than 22 inches, any depth.
E2604		\$315.76	Skin protection wheelchair seat cushion, width 22 inches or greater, any depth.
E2605		\$321.69	Positioning wheelchair seat cushion, width less than 22 inches, any depth.
E2606		\$436.07	Positioning wheelchair seat cushion, width 22 inches or greater, any depth.
E2607		\$295.60	Skin protection and positioning wheelchair seat cushion, width less than 22 inches, any depth.
E2608		\$354.00	Skin protection and positioning wheelchair seat cushion, width 22 inches or greater, any depth.
E2609		BR	Custom fabricated wheelchair seat cushion, any size.
E2610		BR	Wheelchair seat cushion, powered

## Wheelchairs, Durable Medical Equipment, and Supplies

HCPSC Code	Modifier	January 1, 2006 Maximum Allowable	Description
---------------	----------	---	-------------



### Custom Frame Up-Charges

E1014		80%	Reclining back, addition to pediatric wheelchair
E1225		80%	Manual wheelchair accessory, semi-reclining back (recline greater than 15 degrees, but less than 80 degrees), each.
E1226		80%	Manual wheelchair accessory, fully reclining back, each.
E1227		80%	Special height arms for wheelchair (Up-charge by construction)
E1228		80%	Special back height for wheelchair.
E1296		#	Special wheelchair seat height from floor (See K0056)
E1297		80%	Special wheelchair seat depth, by upholstery
E1298		80%	Special wheelchair seat depth and/or width, by construction
E2201		80%	Manual wheelchair accessory, nonstandard seat frame, width greater than or equal to 20 inches and less than 24 inches
E2202		80%	Manual wheelchair accessory, nonstandard seat frame width, 24-27 inches
E2203		80%	Manual wheelchair accessory, nonstandard seat frame depth, 20 to less than 22 inches
E2204		80%	Manual wheelchair accessory, nonstandard seat frame depth, 22 to 25 inches
E2340		80%	Power wheelchair accessory, nonstandard seat frame width, 20-23 inches

## Wheelchairs, Durable Medical Equipment, and Supplies

HCPSC Code	Modifier	January 1, 2006 Maximum Allowable	Description
E2341		80%	Power wheelchair accessory, nonstandard seat frame width, 24-27 inches
E2342		80%	Power wheelchair accessory, nonstandard seat frame depth, 20 or 21 inches
E2343		80%	Power wheelchair accessory, nonstandard seat frame depth, 22-25 inches
K0056		80%	Seat height less than 17 inches or equal to or greater than 21 inches for a high strength, lightweight, or ultralightweight wheelchair.

### Armrests and Parts

E0973		84%	Wheelchair accessory, adjustable height, detachable armrest, complete assembly, each.
E0994		84%	Armrest, each (replacement only)
 <b>E2209</b>		<b>\$107.16</b>	<b>Wheelchair Accessory, Arm Trough, Each (includes attaching hardware). Replaced code K0106 on 1/1/06.</b>
K0017		84%	Detachable, adjustable height armrest, base, each (replacement only)
K0018		84%	Detachable, adjustable height armrest, upper portion, each (replacement only)
K0019		84%	Arm pad, each (replacement only)
K0020		84%	Fixed, adjustable height armrest, pair.
 <b>K0106</b>		<b>\$107.16</b>	<b>Arm trough, each (includes attaching hardware). Code discontinued and replaced with E2209 effective 1/1/06.</b>

## Wheelchairs, Durable Medical Equipment, and Supplies

HCPSC Code	Modifier	January 1, 2006 Maximum Allowable	Description
---------------	----------	---	-------------

### Lower Extremity Positioning (leg rests, etc.)

E0951		\$18.98	Heel loop/holder, with or without ankle strap, each.
E0952		\$18.83	Toe loop/holder each.
E0990		84%	Wheelchair accessory, elevating leg rest, complete assembly, each.
E0995		84%	Wheelchair accessory, calf rest/pad, each.
K0037		\$48.16	High mount flip-up footrest, each.
K0038		84%	Leg strap, each
K0039		84%	Leg strap, H style, each
K0040		\$74.67	Adjustable angle footplate, each.
K0041		\$52.92	Large size footplate, each.
K0042		84%	Standard size footplate, each
K0043		84%	Footrest, lower extension tube, each
K0044		84%	Footrest, upper hanger bracket, each (replacement)
K0045		84%	Footrest, complete assembly.
K0046		84%	Elevating leg rest, lower extension tube, each
K0047		84%	Elevating leg rest, upper hanger bracket, each (replacement)
K0050		84%	Ratchet assembly (replacement)
K0051		84%	Cam release assembly, footrest or leg rest, each (replacement)
K0052		84%	Swingaway, detachable footrests, each.
K0053		84%	Elevating footrests, articulating (telescoping), each

## Wheelchairs, Durable Medical Equipment, and Supplies

HCPSC Code	Modifier	January 1, 2006 Maximum Allowable	Description
------------	----------	--------------------------------------	-------------

### Seating and Positioning

E0950		\$103.95	Wheelchair accessory, tray, each (includes attaching hardware)
-------	--	----------	--

<b>E0955</b> <i>Updated</i>		<b>\$202.18</b>	<b>Wheelchair accessory, headrest, cushioned, prefabricated, including (all standard) mounting hardware, each. Description change.</b>
--------------------------------	--	-----------------	--

E0956		\$98.58	Wheelchair accessory, lateral trunk or hip support, prefabricated, including fixed mounting hardware, each
-------	--	---------	--

E0957		\$137.93	Wheelchair accessory, medial-thigh support, prefabricated, including fixed mounting hardware, each
-------	--	----------	--

E0960		\$90.98	Wheelchair accessory, shoulder harness/straps or chest strap, including any type mounting hardware.
-------	--	---------	---

E0978		\$42.70	Wheelchair accessory, safety belt/pelvic strap, each.
-------	--	---------	---

E0980		\$33.06	Safety vest, wheelchair
-------	--	---------	-------------------------

E0981		84%	Wheelchair accessory, seat upholstery, replacement only, each.
-------	--	-----	--

E0982		84%	Wheelchair accessory, back upholstery, replacement only, each.
-------	--	-----	--

E0992		\$95.15	Manual wheelchair accessory, solid seat insert.
-------	--	---------	---


<b>E1025</b> <i>Updated</i>		<b>BR</b>	<del>Lateral thoracic support, non-contoured, for pediatric wheelchair, each (includes hardware).</del> <b>Code discontinued and replaced with K0108 effective 1/1/06.</b>
--------------------------------	--	-----------	--

<b>E1026</b> <i>Updated</i>		<b>\$192.90</b>	<del>Lateral thoracic support, contoured, for pediatric wheelchair, each (includes hardware)</del> <b>Code discontinued and replaced with K0108 effective 1/1/06.</b>
--------------------------------	--	-----------------	---




## Wheelchairs, Durable Medical Equipment, and Supplies

HCPSC Code	Modifier	January 1, 2006 Maximum Allowable	Description
<b>E1027</b> <i>Updated</i>		<b>\$275.06</b>	<del>Lateral/anterior support, for pediatric wheelchair, each (includes hardware).</del> <b>Code discontinued and replaced with K0108 effective 1/1/06.</b>
E2291		BR	Back, planar, for pediatric size wheelchair including fixed attaching hardware.
E2292		BR	Seat, planar, for pediatric size wheelchair including fixed attaching hardware.
E2293		BR	Back, contoured, for pediatric size wheelchair including fixed attaching hardware.
E2294		BR	Seat, contoured, for pediatric size wheelchair including fixed attaching hardware.
E2611		\$312.35	General use wheelchair back cushion, width less than 22 inches, any height, including any type mounting hardware.
E2612		\$422.54	General use wheelchair back cushion, width 22 inches or greater, any height, including any type mounting hardware.
E2613		\$393.04	Positioning wheelchair back cushion, posterior, width less than 22 inches, any height, including any type mounting hardware.
E2614		\$543.93	Positioning wheelchair back cushion, posterior, width 22 inches or greater, any height, including any type mounting hardware.
E2615		\$452.32	Positioning wheelchair back cushion, posterior-lateral, width less than 22 inches, any height, including any type mounting hardware.
E2616		\$608.58	Positioning wheelchair back, posterior-lateral, width 22 inches or greater, any height, including any type mounting hardware.

## Wheelchairs, Durable Medical Equipment, and Supplies

HCPSC Code	Modifier	January 1, 2006 Maximum Allowable	Description
E2618		<b>\$202.85</b>	Wheelchair accessory, solid seat support base (replaces sling seat), for use with manual wheelchair or lightweight power wheelchair, includes any type mounting hardware.
E2620		\$574.76	Positioning wheelchair back cushion, planar back with lateral supports, width less than 22 inches, any height, including any type mounting hardware.
E2621		\$547.70	Positioning wheelchair back cushion, planar back with lateral supports, width 22 inches or greater, any height, including any type mounting hardware.
 K0669	#		Wheelchair accessory, wheelchair seat or back cushion, does not meet specific code criteria or no written coding verification from SADMERC. <b>Description change.</b>

## Handrims, Wheels, and Tires (includes parts)

E0997	84%	Caster with fork
E0998	84%	Caster without fork
E0999	84%	Pneumatic tire with wheel
 <del>E1001</del>	<del>84%</del>	<del>Wheel, single</del> <b>Code discontinued and replaced with E2224 effective 1/1/06.</b>
 E2211	84%	<b>Manual wheelchair accessory, pneumatic propulsion tire, any size, each.</b>
 E2212	84%	<b>Manual wheelchair accessory, tube for pneumatic propulsion tire, any size, each.</b>





# Wheelchairs, Durable Medical Equipment, and Supplies

HCPSC Code	Modifier	January 1, 2006 Maximum Allowable	Description
------------	----------	--------------------------------------	-------------




<b>E2213</b> 		84%	Manual wheelchair accessory, insert for pneumatic propulsion tire (removable), any type, any size, each.
<b>E2214</b> 		84%	Manual wheelchair accessory, pneumatic caster tire, any size, each.
<b>E2215</b> 		84%	Manual wheelchair accessory, hand rim with projections, each.
<b>E2216</b> 		84%	Manual wheelchair accessory, foam filled propulsion tire, any size, each.
<b>E2217</b> 		84%	Manual wheelchair accessory, foam filled caster tire, any size, each.
<b>E2218</b> 		84%	Manual wheelchair accessory, foam propulsion tire, any size, each.
<b>E2219</b> 		84%	Manual wheelchair accessory, foam caster tire, any size, each. Code Added.
<b>E2220</b> 		84%	Manual wheelchair accessory, solid (rubber/plastic) propulsion tire, any size, each.
<b>E2221</b> 		84%	Manual wheelchair accessory, solid (rubber/plastic) caster tire (removable), any size, each.
<b>E2222</b> 		84%	Manual wheelchair accessory, solid (rubber/plastic) caster tire with integrated wheel, any size, each.
<b>E2223</b> 		84%	Manual wheelchair accessory, valve, any type, replacement only, each.

## Wheelchairs, Durable Medical Equipment, and Supplies

HCPSC Code	Modifier	January 1, 2006 Maximum Allowable	Description
------------	----------	--------------------------------------	-------------

<b>E2224</b> 		<b>84%</b>	<b>Manual wheelchair accessory, propulsion wheel excludes tire, any size, each.</b>
<b>E2225</b> 		<b>84%</b>	<b>Manual wheelchair accessory, caster wheel excludes tire, any size, replacement only, each.</b>
<b>E2226</b> 		<b>84%</b>	<b>Manual wheelchair accessory, caster fork, any size, replacement only, each.</b>
<b>K0064</b> 		<b>84%</b>	<b><del>Zero pressure tube (flat free insert), any size, each.</del> Code discontinued and replaced with K0108 effective 1/1/06.</b>

K0065                      84%                      Spoke protectors, each.

<b>K0066</b> 		<b>84%</b>	<b><del>Solid tire, any size, each.</del> Code discontinued and replaced with E2220 effective 1/1/06.</b>
<b>K0067</b> 		<b>84%</b>	<b><del>Pneumatic tire, any size, each.</del> Code discontinued and replaced with E2211 effective 1/1/06.</b>
<b>K0068</b> 		<b>84%</b>	<b><del>Pneumatic tire tube, each (any size).</del> Code discontinued effective 1/1/06.</b>


K0069                      84%                      Rear wheel assembly, complete, with solid tire, spokes or molded, each.

K0070                      84%                      Rear wheel assembly, complete with pneumatic tire, spokes or molded, each.

K0071                      84%                      Front caster assembly, complete, with pneumatic tire, each.

K0072                      84%                      Front caster assembly, complete, with semi pneumatic tire, each.

K0073                      84%                      Caster pin lock, each.

<b>K0074</b> 		<b>84%</b>	<b><del>Pneumatic caster tire, any size, each.</del> Code discontinued and replaced with E2214 effective 1/1/06.</b>
---	--	------------	--

## Wheelchairs, Durable Medical Equipment, and Supplies






HCPSC Code	Modifier	January 1, 2006 Maximum Allowable	Description
------------	----------	--------------------------------------	-------------

<del>K0075</del> Updated		84%	<del>Semi-pneumatic caster tire, any size, each. Code discontinued and replaced with K0108 effective 1/1/06.</del>
<del>K0076</del> Updated		84%	<del>Solid-caster tire, any size, each. Code discontinued and replaced with E2221 effective 1/1/06.</del>
K0077		84%	Front caster assembly, complete, with solid tire, each.
<del>K0078</del> Updated		84%	<del>Pneumatic-caster tire tube, each. Code discontinued and replaced with E2215 effective 1/1/06.</del>
K0090		84%	Rear wheel tire for power wheelchair, any size, each
K0091		84%	Rear wheel tire tube other than zero pressure for power wheelchair, any size, each
K0092		84%	Rear wheel assembly for power wheelchair, complete, each
K0093		84%	Rear wheel zero pressure tire tube (flat free insert) for power wheelchair, any size, each
K0094		84%	Wheel tire for power base, any size, each
K0095		84%	Wheel tire tube other than zero pressure for each base, any size, each
K0096		84%	Wheel assembly for power base, complete, each
K0097		84%	Wheel zero pressure tire tube (flat free insert) for power base, any size, each
K0099		84%	Front caster for power wheelchair

### Other Accessories (manual and power)

E0958		84%	Manual wheelchair accessory, one-arm drive attachment, each.
-------	--	-----	--

## Wheelchairs, Durable Medical Equipment, and Supplies

HCPSC Code	Modifier	January 1, 2006 Maximum Allowable	Description
E0959		\$44.21	Manual wheelchair accessory, adapter for amputee, each.
E0961		\$12.64	Manual wheelchair accessory, wheel lock brake extension (handle), each.
E0971		<del>\$55.89</del> <b>\$27.95</b>	Manual wheelchair accessory, anti-tipping device, wheelchair, each <b>Description change and from a pair to each.</b>
E0974		\$39.21	Manual wheelchair accessory, anti-rollback device, each
E1015		84%	Shock absorber for manual wheelchair, each
E1017		84%	Heavy duty shock absorber for heavy duty or extra heavy duty manual wheelchair, each
E1020		84%	Residual limb support system for wheelchair
E1029		84%	Wheelchair accessory, ventilator tray, fixed
E1030		84%	Wheelchair accessory, ventilator tray, gimbaled
E2206		84%	Manual wheelchair accessory, wheel lock assembly, complete, each
 <b>E2207</b>		<b>84%</b>	<b>Wheelchair accessory, crutch and cane holder, each. New code replaces K0102 effective 1/1/06.</b>
 <b>E2208</b>		<b>\$118.78</b>	<b>Wheelchair accessory, cylinder tank carrier, each. New code replaces K0104 effective 1/1/06.</b>
 <b>K0102</b>		<b>84%</b>	<del>Crutch and cane holder, each</del> <b>Code discontinued and replaced with E2207 effective 1/1/06.</b>
 <b>K0104</b>		<b>\$118.78</b>	<del>Cylinder tank carrier, each</del> <b>Code discontinued and replaced with E2208 effective 1/1/06.</b>
K0105		84%	IV hanger, each

## Wheelchairs, Durable Medical Equipment, and Supplies

HCPSC Code	Modifier	January 1, 2006 Maximum Allowable	Description
---------------	----------	---	-------------

K0108		84%	Other accessories.
-------	--	-----	--------------------

### Manual Wheelchair Conversions

E0983		84%	Manual wheelchair accessory, power add-on to convert manual wheelchair to motorized wheelchair, joystick control
E0984		84%	Manual wheelchair accessory, power add-on to convert manual wheelchair to motorized wheelchair, tiller control
E0985		84%	Wheelchair accessory, seat lift mechanism
E0986		84%	Manual wheelchair accessory, push-rim activated power assist, each
E1065		84%	Power attachment (to convert any wheelchair to motorized wheelchair, e.g., Solo)

### Power Wheelchair Add-on Functions and Controls

E1002		84%	Wheelchair accessory, power seating system, tilt only
E1003		84%	Wheelchair accessory, power seating system, recline only, without shear reduction
E1004		84%	Wheelchair accessory, power seating system, recline only, with mechanical shear reduction
E1005		84%	Wheelchair accessory, power seating system, recline only, with power shear reduction
E1006		84%	Wheelchair accessory, power seating system, combination tilt and recline, without shear reduction

## Wheelchairs, Durable Medical Equipment, and Supplies

HCPCS Code	Modifier	January 1, 2006 Maximum Allowable	Description
E1007		84%	Wheelchair accessory, power seating system, combination tilt and recline, with mechanical shear reduction
E1008		84%	Wheelchair accessory, power seating system, combination tilt and recline, with power shear reduction
E1009		84%	Wheelchair accessory, addition to power seating system, mechanically linked leg elevation system, including pushrod and legrest, each
E1010		84%	Wheelchair accessory, addition to power seating system, power leg elevation system, including leg rest, each
E1016		84%	Shock absorber for power wheelchair, each
E1018		84%	Heavy duty shock absorber for heavy duty or extra heavy duty power wheelchair, each
<b>E1019</b>		<b>84%</b>	<b><del>Wheelchair accessory, power seating system, heavy duty feature, patient weight capacity greater than 250 pounds and less than or equal to 400 pounds. Code discontinued and replaced with K0108 effective 1/1/06.</del></b>
<b>E1021</b>		<b>84%</b>	<b><del>Wheelchair accessory, power seating system, extra heavy duty feature, weight capacity greater than 400 pounds. Code discontinued and replaced with K0108 effective 1/1/06.</del></b>
E1028		84%	Wheelchair accessory, manual swingaway, retractable or removable mounting hardware for joystick, other control interface or positioning accessory
E2300		84%	Power wheelchair accessory, power seat elevation system
E2301		84%	Power wheelchair accessory, power standing system

## Wheelchairs, Durable Medical Equipment, and Supplies

HCPSC Code	Modifier	January 1, 2006 Maximum Allowable	Description
E2310		84%	Power wheelchair accessory, electronic connection between wheelchair controller & one power seating system motor, including all related electronics, indicator feature, mechanical function selection switch, and fixed mounting hardware
E2311		84%	Power wheelchair accessory, electronic connection between wheelchair controller and two or more power seating system motors, including all related electronics, indicator feature, mechanical function selection switch, and fixed mounting hardware
E2320		84%	Power wheelchair accessory, hand or chin control interface, remote joystick or touchpad, proportional, including all related electronics, and fixed mounting hardware.
E2321		84%	Power wheelchair accessory, hand control interface, remote joystick, nonproportional, including all related electronics, mechanical stop switch, and fixed mounting hardware
E2322		84%	Power wheelchair accessory, hand control interface, multiple mechanical switches, nonproportional, including all related electronics, mechanical stop switch, and fixed mounting hardware
E2323		84%	Power wheelchair accessory, specialty joystick handle for hand control interface, prefabricated
E2324		84%	Power wheelchair accessory, chin cup for chin control interface
E2325		84%	Power wheelchair accessory, sip and puff interface, nonproportional, including all related electronics, mechanical stop switch, and manual swingaway mounting hardware
E2326		84%	Power wheelchair accessory, breath tube kit for sip and puff interface



## Wheelchairs, Durable Medical Equipment, and Supplies

HCPSC Code	Modifier	January 1, 2006 Maximum Allowable	Description
E2327		84%	Power wheelchair accessory, head control interface, mechanical, proportional, including all related electronics, mechanical direction change switch, and fixed mounting hardware.
E2328		84%	Power wheelchair accessory, head control or extremity control interface, electronic, proportional, including all related electronics and fixed mounting hardware.
E2329		84%	Power wheelchair accessory, head control interface, contact switch mechanism, nonproportional, including all related electronics, mechanical stop switch, mechanical direction change switch, head array, and fixed mounting hardware.
E2330		84%	Power wheelchair accessory, head control interface, proximity switch mechanism, nonproportional, including all related electronics, mechanical stop switch, mechanical direction change switch, head array, and fixed mounting hardware.
E2331		84%	Power wheelchair accessory, attendant control, proportional, including all related electronics and fixed mounting hardware.
E2351		84%	Power wheelchair accessory, electronic interface to operate speech generating device using power wheelchair control interface
E2399		84%	Power wheelchair accessory, not otherwise classified interface, including all related electronics and any type mounting hardware

## Batteries and Chargers

E2360	\$104.43	Power wheelchair accessory, 22 NF non-sealed lead acid battery, each.
-------	----------	---

## Wheelchairs, Durable Medical Equipment, and Supplies



HCPCS Code	Modifier	January 1, 2006 Maximum Allowable	Description
E2361		\$139.47	Power wheelchair accessory, 22 NF sealed lead acid battery, each (e.g. gel cell, absorbed glassmat).
E2363		\$186.00	Power wheelchair accessory, group 24 sealed lead acid battery, each(e.g. gel cell, absorbed glassmat)
E2365		\$112.17	Power wheelchair accessory, U-1sealed lead acid battery, each (e.g. gell cell, absorbed glassmat)
E2366		84%	Power wheelchair accessory, battery charger, single mode, for use with only one battery type, sealed or non-sealed, each.
E2367		84%	Power wheelchair accessory, battery charger, dual mode, for use with either battery type, sealed or non-sealed, each
 <b>E2371</b>		<b>84%</b>	<b>Power wheelchair accessory, group 27 sealed lead acid battery, (e.g. gell cell, absorbed glassmat), each.</b>
 <b>E2372</b>		<b>84%</b>	<b>Power wheelchair accessory, group 27 non-sealed lead acid battery, each.</b>

## Miscellaneous Repair Only



E1011		84%	Modification to pediatric wheelchair, width adjustment package (not to be dispensed with initial chair)
E1340		\$17.43	Repair or nonroutine service for durable medical equipment requiring the skill of a technician, labor component, per 15 minutes. (Troubleshooting, delivery, evaluations, travel time, etc. are included in the reimbursement for the parts and accessories.)
E2205		BR	Manual wheelchair accessory, handrim without projections, any type, replacement only, each.

## Wheelchairs, Durable Medical Equipment, and Supplies

HCPSC Code	Modifier	January 1, 2006 Maximum Allowable	Description
------------	----------	--------------------------------------	-------------

<b>E2210</b> 	<b>BR</b>		<b>Wheelchair accessory, bearings, any type, replacement only, each.</b>
E2368	BR		Power wheelchair component, motor, replacement only.
E2369	BR		Power wheelchair component, gear box, replacement only.
E2370	BR		Power wheelchair component, motor and gear box combination, replacement only.
E2619	80%		Replacement cover for wheelchair seat cushion or back cushion, each.
K0098	84%		Drive belt for power wheelchair
<b>K0452</b> 	<b>84%</b>		<b><del>Wheelchair bearings, any type</del> Code discontinued and replaced with E2210 effective 1/1/06.</b>

### Accessories (Noncovered HCPSC Codes)

E0177	#		Water pressure pad or cushion, nonpositioning.
<b>E0953</b> 	<b>#</b>		<b><del>Pneumatic tire, each (see code K0067)</del> Discontinued effective 1/1/06</b>
<b>E0954</b> 	<b>#</b>		<b><del>Semi-pneumatic caster, each (see code K0075)</del> Discontinued effective 1/1/06</b>
E0966	#		Manual wheelchair accessory, headrest extension, each
E0968	#		Commode seat, wheelchair
E0969	#		Narrowing device, wheelchair
E0970	#		No. 2 footplates, except for elevating legrest (see

## Wheelchairs, Durable Medical Equipment, and Supplies

HCPSC Code	Modifier	January 1, 2006 Maximum Allowable	Description
---------------	----------	---	-------------



K0037 & K0042)

<b>E0996</b>		#	<b>Tire, solid, each (see K0066) Discontinued effective 1/1/06</b>
<b>E1000</b>		#	<b>Tire, pneumatic caster (see K0074) Discontinued effective 1/1/06</b>


E2362		#	Power wheelchair accessory, group 24 non-sealed lead acid battery, each
E2364		#	Power wheelchair accessory, U-1 non-sealed lead acid battery, each
K0195		#	Elevating leg rest, pair (for use with capped rental wheelchair base)

**This page intentionally left blank.**





## Wheelchairs, Durable Medical Equipment, and Supplies

HCPSC Code	Modifier	January 1, 2006 Maximum Allowable	Description
E0910	NU RR	\$186.80 \$18.68	Trapeze bar, also known as patient helper, attached to bed with grab bar. <b>Deemed purchased after 1 year's rental.</b> Included in nursing facility daily rate. <b>Rental requires prior authorization.</b>
 E0911	NU RR	\$186.80 \$18.68	Trapeze bar, heavy duty, for patient weight capacity greater than 250 pounds, attached to bed with grab bar. <b>Deemed purchased after 1 year's rental.</b> Included in nursing facility daily rate. <b>Rental requires prior authorization.</b>
 E0912	NU RR	\$186.80 \$18.68	Trapeze bar, heavy duty, for patient weight capacity greater than 250 pounds, free standing, complete with grab bar. <b>Deemed purchased after 1 year's rental.</b> Included in nursing facility daily rate. <b>Rental requires prior authorization.</b>
E0920	NU RR	\$426.70 \$42.67	Fracture frame, attached to bed. Includes weights. <b>Deemed purchased after 1 year's rental.</b> Included in nursing facility daily rate. <b>Rental requires prior authorization.</b>
E0930	NU RR	\$456.90 \$45.69	Fracture frame, freestanding, includes weights. <b>Deemed purchased after 1 year's rental.</b> Included in nursing facility daily rate. <b>Rental requires prior authorization.</b>
E0940	NU RR	\$347.70 \$34.77	Trapeze bar, freestanding, complete with grab bar. <b>Deemed purchased after 1 year's rental.</b> Included in nursing facility daily rate. <b>Rental requires prior authorization.</b>
E0941	NU RR	\$369.00 \$36.90	Gravity assisted traction device, any type. <b>Deemed purchased after 1 year's rental.</b> Included in nursing facility daily rate. <b>Rental requires prior authorization.</b>
E0946	NU RR	\$591.60 \$59.16	Fracture frame, dual with cross bars, attached to bed (e.g., Balken, 4-poster). <b>Deemed purchased after 1 year's rental.</b> Included in nursing facility daily rate. <b>Rental requires prior authorization.</b>
E0947		\$515.49	Fracture frame, attachments for complex pelvic traction.

## Wheelchairs, Durable Medical Equipment, and Supplies

HCPSC Code	Modifier	January 1, 2006 Maximum Allowable	Description
			<b>Purchase only.</b> Included in nursing facility daily rate.
E0948		\$586.59	Fracture frame, attachments for complex cervical traction. <b>Purchase only.</b> Included in nursing facility daily rate.
E0972		\$46.85	Wheelchair accessory, transfer board or device, each. <b>Purchase only.</b> Included in nursing facility daily rate.
E0705 		\$46.85	Transfer board or device, any type, each. <b>Purchase only.</b> Included in nursing facility daily rate.

## Positioning Devices

E0637	NU	\$2,104.97	Combination sit to stand system, any size <b>including pediatric</b> , with seat lift feature, with or without wheels. (includes padded seat, knee support, foot plates, foot straps, formed table and cup holder and hydraulic actuator) <b>Requires prior authorization. Deemed purchased after one year's rental.</b> Included in nursing facility daily rate. <b>Description change.</b>
	RR	\$210.49	
			
E0638		\$853.57	Standing frame system, any size <b>including pediatric</b> , with or without wheels. (includes padding, straps, adjustable armrests, footboard and support blocks.) <b>Limit of 1 per client every 5 years.</b> Included in nursing facility daily rate. <b>Purchase only. Description change.</b>
			
E0641 		#	Standing frame system, multi-position (e.g. three-way stander), any size including pediatric, (includes padding, straps, adjustable armrests, footboard and support blocks.)
E0642 		#	Standing frame system, mobile dynamic stander, any size including pediatric, (includes padding, straps, adjustable armrests, footboard and support blocks.)

## Wheelchairs, Durable Medical Equipment, and Supplies

HCPSC Code	Modifier	January 1, 2006 Maximum Allowable	Description
E1399	NU	\$1,808.00	Durable medical equipment, miscellaneous. (Prone stander, child size (child up to 48" tall). Includes padding, chest and foot straps). <b>Limit of 1 per client every 5 years.</b> Included in nursing facility daily rate. <b>Purchase only. EPA #870000755 must be used when billing this item. See Expedited Prior Authorization (EPA), Section G.</b>
E1399	NU	\$2,156.00	Durable medical equipment, miscellaneous. (Prone stander, youth size (youth up to 58" tall). Includes padding, chest and foot straps). <b>Limit of 1 per client every 5 years.</b> Included in nursing facility daily rate. <b>Purchase only. EPA #870000756 must be used when billing this item. See Expedited Prior Authorization (EP), Section G.</b>
E1399	NU	\$1,286.40	Durable medical equipment, miscellaneous. (Prone stander, infant size (infant up to 38" tall). Includes padding, chest and foot straps). <b>Limit of 1 per client every 5 years.</b> Included in nursing facility daily rate. <b>Purchase only. EPA #870000757 must be used when billing this item. See Expedited Prior Authorization (EPA), Section G.</b>
E1399	NU	\$1,800.00	Durable medical equipment, miscellaneous. (Prone stander, adult size (adult up to 75" tall). Includes padding, chest and foot straps). <b>Limit of 1 per client every 5 years.</b> Included in nursing facility daily rate. <b>Purchase only. EPA #870000758 must be used when billing this item. See Expedited Prior Authorization (EPA), Section G.</b>

## Noninvasive Bone Growth/Nerve Stimulators

E0720	#	TENS, two lead, localized stimulation.
-------	---	--

## Wheelchairs, Durable Medical Equipment, and Supplies

HCPSC Code	Modifier	January 1, 2006 Maximum Allowable	Description
E0730	NU RR	\$370.56 \$37.05	Transcutaneous electrical nerve stimulation device, four or more leads, for multiple nerve stimulation. Includes 4 lead wires, 4 electrodes, battery charger and gel. <b>Requires prior authorization or expedited prior authorization. See Expedited Prior Authorization (EPA), Section G.</b>
E0731		#	Form-fitting conductive garment for delivery of TENS or NMES (with conductive fibers separated from the patient's skin by layers of fabric)
E0740	NU RR	\$522.87 \$52.28	Incontinence treatment system, pelvic floor stimulator, monitor, sensor and/or trainer. <b>Requires prior authorization. Deemed purchased after 1 year's rental.</b> Included in nursing facility daily rate.
E0744		#	Neuromuscular stimulator for scoliosis
E0745		#	Neuromuscular stimulator, electronic shock unit.
E0746		#	Electromyography (EMG) biofeedback device.
E0747		\$3,720.12	Osteogenesis stimulator, electrical noninvasive, other than spinal applications. <b>Purchase only. Requires prior authorization or expedited prior authorization. See Expedited Prior Authorization (EPA), Section G.</b>
E0748		\$3,698.01	Osteogenesis stimulator, electrical noninvasive, spinal applications. <b>Purchase only. Requires prior authorization or expedited prior authorization. See Expedited Prior Authorization (EPA), Section G.</b>
E0749		#	Osteogenesis stimulator, electrical, surgically implanted.
E0752		#	Implantable neurostimulator electrode, each.
E0754		#	Patient programmer (external) for use with implantable programmable neurostimulator pulse generator.
E0755		#	Electronic salivary reflex stimulator (intraoral/noninvasive)

## Wheelchairs, Durable Medical Equipment, and Supplies

HCPSC Code	Modifier	January 1, 2006 Maximum Allowable	Description
E0756		#	Implantable neurostimulator pulse generator
E0757		#	Implantable neurostimulator radiofrequency receiver
E0758		#	Radiofrequency transmitter (external) for use with implantable neurostimulator radiofrequency receiver.
E0759		#	Radiofrequency transmitter (external) for use with implantable sacral root neurostimulator receiver for bowel and bladder management, replacement.
E0760		\$3,071.32	Osteogenesis stimulator, low intensity ultrasound, noninvasive. <b>Purchase only. Requires prior authorization or expedited prior authorization. See Expedited Prior Authorization (EPA), Section G.</b>
E0761		#	Non-thermal pulsed high frequency radiowaves, high peak power electromagnetic energy treatment device.
E0762		#	Transcutaneous electrical joint stimulation device system, includes all accessories.
E0764		#	Functional neuromuscular stimulator, transcutaneous stimulation of muscles of ambulation with computer control, used for walking by spinal cord injured.
E0765		#	FDA approved nerve stimulator, with replaceable batteries, for treatment of nausea and vomiting.
K0600		#	Functional neuromuscular stimulator, transcutaneous stimulation of muscles of ambulation with computer control, used for walking by spinal cord injured, entire system, after completion of training program.

## Communication Devices

E1902		#	Communication board, non-electronic augmentative or alternative communication device.
-------	--	---	---

## Wheelchairs, Durable Medical Equipment, and Supplies

HCPSC Code	Modifier	January 1, 2006 Maximum Allowable	Description
E2500		\$391.06	Speech generating device, digitized speech, using pre-recorded messages, less than or equal to 8 minutes recording time. <b>Purchase only. Code K0541.</b>
E2502		\$1,195.80	Speech generating device, digitized speech, using pre-recorded messages, greater than 8 minutes but less than or equal to 20 minutes recording time. <b>Purchase only. Requires prior authorization.</b>
E2504		\$1,577.42	Speech generating device, digitized speech, using pre-recorded messages, greater than 20 minutes but less than or equal to 40 minutes recording time. <b>Purchase only. Requires prior authorization.</b>
E2506		\$2,312.96	Speech generating device, digitized speech, using pre-recorded messages, greater than 40 minutes recording time. <b>Purchase only. Requires prior authorization.</b>
E2508		\$3,576.61	Speech generating device, synthesized speech, requiring message formulation by spelling and access by physical contact with the device. <b>Purchase only. Requires prior authorization.</b>
E2510		\$6,768.25	Speech generating device, synthesized speech, permitting multiple methods of message formulation and multiple methods of device access. <b>Purchase only. Requires prior authorization.</b>
E2511		#	Speech generating software program, for personal computer or personal digital assistant.
E2512		\$416.93	Accessory for speech generating device, mounting system. <b>Purchase only. Requires prior authorization.</b>
E2599		BR	Accessory for speech generating device, not otherwise classified. <b>Purchase only. Requires prior authorization.</b>
L8500		\$626.11	Artificial larynx, any type. <b>Purchase only.</b>

## Wheelchairs, Durable Medical Equipment, and Supplies

HCPCS Code	Modifier	January 1, 2006 Maximum Allowable	Description
---------------	----------	---	-------------

### Ambulatory Aids

A4635		\$5.12	Underarm pad, crutch, replacement, each. Included in nursing facility daily rate. <b>Purchase only.</b>
A4636		\$4.21	Replacement handgrip, cane, crutch, or walker, each. Included in nursing facility daily rate. <b>Purchase only.</b>
A4637		\$1.81	Replacement tip, cane, crutch, or walker, each. Included in nursing facility daily rate. <b>Purchase only.</b>
E0100		\$21.07	Cane; includes canes of all materials; adjustable or fixed, with tip. Included in nursing facility daily rate. <b>Purchase only.</b>
E0105		\$49.11	Cane, quad or three-prong; includes canes of all materials; adjustable or fixed, with tip. Included in nursing facility daily rate. <b>Purchase only.</b>
E0110		\$77.59	Crutches, forearm; includes crutches of various materials, adjustable or fixed; complete with tips and handgrips. Included in nursing facility daily rate. <b>Purchase only.</b>
E0111		\$53.26	Crutches, forearm, includes crutches of various materials, adjustable or fixed, each, with tip and handgrip. Included in nursing facility daily rate. <b>Purchase only.</b>
E0112		\$37.00	Crutches, underarm, wood, adjustable or fixed, per pair, with pads, tips/handgrips. Included in nursing facility daily rate. <b>Purchase only.</b>
E0113		\$21.13	Crutch, underarm; wood; adjustable or fixed; each, with pad, tip and handgrip. Included in nursing facility daily rate. <b>Purchase only.</b>
E0114		\$44.51	Crutches, underarm; other than wood; adjustable or fixed; per pair, with pads, tips and handgrips. Included in nursing facility daily rate. <b>Purchase only.</b>

## Wheelchairs, Durable Medical Equipment, and Supplies



HCPSC Code	Modifier	January 1, 2006 Maximum Allowable	Description
E0116		\$23.82	Crutch, underarm; other than wood; adjustable or fixed; with pad, tip and handgrip, <b>with or without shock absorber</b> , each. Included in nursing facility daily rate. <b>Purchase only. Description change.</b>
E0117		\$192.71	Crutch, underarm, articulating, spring assisted, each. <b>Requires prior authorization. Purchase only.</b>
E0118	#		Crutch substitute, lower leg platform, with or without wheels, each.
E8000	#		Gait trainer, pediatric size, posterior support, includes all accessories and components. <b>Require prior authorization.</b> Included in nursing facility daily rate. <b>Purchase only. See code E8001.</b>
E8001	BR		Gait trainer, pediatric size, upright support, includes all accessories and components. <b>Require prior authorization.</b> Included in nursing facility daily rate. <b>Purchase only.</b>
E8002	#		Gait trainer, pediatric size, anterior support, includes all accessories and and components. <b>Require prior authorization.</b> Included in nursing facility daily rate. <b>Purchase only. See code E8001.</b>
E0130		\$70.23	Walker, rigid (pickup), adjustable or fixed height. Included in nursing facility daily rate. <b>Purchase only.</b>
E0135		\$83.84	Walker; folding (pickup), adjustable or fixed height. Included in nursing facility daily rate. <b>Purchase only.</b>
E0140		\$360.71	Walker, with trunk support, adjustable or fixed height, any type. Included in nursing facility daily rate. <b>Purchase only.</b>
E0141		\$115.29	Walker, rigid, wheeled, adjustable or fixed height. Included in nursing facility daily rate. <b>Purchase only.</b>
E0143		\$120.23	Walker, folding, wheeled, adjustable or fixed height. <b>Purchase only.</b>

## Wheelchairs, Durable Medical Equipment, and Supplies



HCPCS Code	Modifier	January 1, 2006 Maximum Allowable	Description
E0144		\$318.45	Walker, enclosed, four sided framed, rigid or folding, wheeled with posterior seat. Included in nursing facility daily rate. Purchase only.
E0147		\$574.81	Walker, heavy duty, multiple braking system, variable wheel resistance. (over 250 lbs) Included in nursing facility daily rate. Purchase only.
E0148		\$127.05	Walker, heavy duty, without wheels, rigid or folding, any type. (over 250lbs) Included in nursing facility daily rate. Purchase only.
E0149		\$223.20	Walker, heavy duty, wheeled, rigid or folding, any type. (over 250 lbs) Included in nursing facility daily rate. Purchase only.
E0153		\$68.68	Platform attachment, forearm crutch, each. Included in nursing facility daily rate. Purchase only.
E0154		\$70.51	Platform attachment, walker, each. Included in nursing facility daily rate. Purchase only.
E0155		\$26.83	Wheel attachment, rigid pick-up walker, per pair seat attachment, walker. Included in nursing facility daily rate. <b>Purchase only.</b>
E0156		\$186.97	Seat attachment, walker. Included in nursing facility daily rate. <b>Purchase only.</b>
E0157		\$77.27	Crutch attachment, walker, each. Included in nursing facility daily rate. <b>Purchase only.</b>
E0158		\$32.18	Leg extensions for walker, per set of four (4). Included in nursing facility daily rate. <b>Purchase only.</b>
E0159		\$17.87	Brake attachment for wheeled walker, replacement, each. Included in nursing facility daily rate. <b>Purchase only.</b>

## Bathroom Equipment

## Wheelchairs, Durable Medical Equipment, and Supplies

HCPSC Code	Modifier	January 1, 2006 Maximum Allowable	Description
E0160		#	Sitz type bath or equipment, portable, used with or without commode.
E0161		#	Sitz type bath or equipment, portable, used with or without commode, with faucet attachment(s).
E0162		#	Sitz bath chair.
E0163	NU RR	\$110.29 \$11.02	Commode chair, stationary, with fixed arms. <b>Deemed purchased after 1 year's rental.</b> Included in nursing facility daily rate. <b>Rental requires prior authorization.</b>
E0164	NU RR	\$181.40 \$18.14	Commode chair, mobile, with fixed arms. <b>Deemed purchased after 1 year's rental.</b> Included in nursing facility daily rate. <b>Rental requires prior authorization.</b>
E0165	NU RR	\$185.80 \$18.58	Commode chair, stationary, with detachable arms. <b>Deemed purchased after 1 year's rental.</b> Included in nursing facility daily rate. <b>Rental requires prior authorization.</b>
E0166	NU RR	\$282.80 \$28.28	Commode chair, mobile, with detachable arms. <b>Deemed purchased after 1 year's rental.</b> Included in nursing facility daily rate. <b>Rental requires prior authorization.</b>
E0167		\$12.00	Pail or pan, for use with commode chair. <b>Included in purchase price of commode.</b> Included in nursing facility daily rate. <b>Purchase only.</b>
E0168	NU RR	\$150.92 \$15.09	Commode chair, extra wide and/or heavy duty, stationary or mobile, with or without arms, any type, each. <b>Rental requires prior authorization. Deemed purchased after 1 year's rental.</b> Included in nursing facility daily rate.
 E0169		#	<del>Commode chair with seat lift mechanism.</del>
 E0170		#	Commode chair with integrated seat lift mechanism, electric, any type.

## Wheelchairs, Durable Medical Equipment, and Supplies

HCPCS Code	Modifier	January 1, 2006 Maximum Allowable	Description
E0171 		#	Commode chair with integrated seat lift mechanism, non-electric, any type.
E0172 		#	Seat lift mechanism placed over or on top of toilet, any type.
E0175		BR	Foot rest, for use with commode chair, each. <b>Requires prior authorization.</b> Included in nursing facility per-diem. <b>Purchase only.</b>
E0240		#	Bath/shower chair, with or without wheels, any size.
E0241		\$48.03	Bathtub wall rail, each. Included in nursing facility daily rate. <b>Purchase only.</b>
E0242		\$32.60	Bathtub rail, floor base. Included in nursing facility daily rate. <b>Purchase only.</b>
E0243		\$43.78	Toilet rail, each. Included in nursing facility daily rate. <b>Purchase only.</b>
E0244		\$105.68	Raised toilet seat. Included in nursing facility daily rate. <b>Purchase only.</b>
E0245		\$64.00	Tub stool or bench. Included in nursing facility daily rate. <b>Purchase only.</b>
E0246	NU	\$30.23	Transfer tub rail attachment, each. Included in nursing facility daily rate. <b>Purchase only.</b>
E0247		\$174.35	Transfer bench for tub or toilet with or without commode opening. Included in nursing facility daily rate. <b>Purchase only.</b>
E0248		\$247.81	Transfer bench, heavy duty, for tub or toilet with or without commode opening. (over 250 lbs) Included in nursing facility daily rate. <b>Purchase only.</b>
E0275		\$15.31	Bed pan, standard, metal or plastic. <b>Purchase only.</b>

## Wheelchairs, Durable Medical Equipment, and Supplies

HCPSC Code	Modifier	January 1, 2006 Maximum Allowable	Description
E0276		\$11.31	Bed pan, fracture, metal or plastic. <b>Purchase only.</b>
E0325		\$10.11	Urinal; male, jug-type, any material. <b>Purchase only.</b> Included in nursing facility daily rate.
E0326		\$10.50	Urinal; female, jug-type, any material. <b>Purchase only.</b> Included in nursing facility daily rate.
E0350		BR	Control unit for electronic bowel irrigation/evacuation system. <b>Requires prior authorization.</b> Included in nursing facility daily rate. <b>Purchase only.</b>
E0352		BR	Disposable pack (water reservoir bag, speculum, valving mechanism and collection bag/box) for use with the electronic bowel irrigation/evacuation system. <b>Requires prior authorization.</b> Included in nursing facility daily rate. <b>Purchase only.</b>
E0700		\$36.00	Safety equipment (e.g., belt, harness or vest). Included in the nursing facility daily rate. <b>Purchase only.</b>
E1399	NU	\$32.10	Durable medical equipment, miscellaneous. (Bath seat without back). Included in nursing facility daily rate. <b>Purchase only. EPA #870000766 must be used when billing this item. See Expedited Prior Authorization (EPA), Section G.</b>
E1399	NU	\$33.11	Durable medical equipment, miscellaneous. (Shower, hand-held). Included in nursing facility daily rate. <b>Purchase only. EPA #870000759 must be used when billing this item. See Expedited Prior Authorization (EPA), Section G.</b>
E1399	NU RR	\$637.21 \$63.72	Durable medical equipment, miscellaneous. (Padded or unpadded shower/commode chair, wheeled, with casters). <b>Deemed purchased after 1 year's rental. Rental requires prior authorization.</b> Included in nursing facility daily rate. <b>EPA #870000771 must be used when billing this item for purchase. See Expedited Prior Authorization (EPA), Section G.</b>

## Wheelchairs, Durable Medical Equipment, and Supplies

HCPSC Code	Modifier	January 1, 2006 Maximum Allowable	Description
E1399	NU	\$59.12	Durable medical equipment, miscellaneous. (Adjustable bath/seat <del>shower chair</del> with back). Included in nursing facility daily rate. <b>Purchase only. EPA #870000772 must be used when billing this item. See Expedited Prior Authorization (EPA), Section G.</b>
E1399	NU	\$351.20	Durable medical equipment, miscellaneous. (Adjustable bath/shower chair with back, padded seat). Included in nursing facility daily rate. <b>Purchase only. EPA #870000773 must be used when billing this item. See Expedited Prior Authorization (EPA), Section G.</b>
E1399	NU	\$318.40	Durable medical equipment, miscellaneous. (Pediatric bath chair; includes head pad, chest and leg straps). Included in nursing facility daily rate. <b>Purchase only. EPA #870000774 must be used when billing this item. See Expedited Prior Authorization (EPA), Section G.</b>
E1399	NU	\$696.00	Durable medical equipment, miscellaneous. (Youth bath chair, includes head pad, chest and leg straps). Included in nursing facility daily rate. <b>Purchase only. EPA #870000776 must be used when billing this item. See Expedited Prior Authorization (EPA), Section G.</b>
E1399	NU	\$1,172.00	Durable medical equipment, miscellaneous. (Adult bath chair, includes head pad, chest and leg straps). Included in nursing facility daily rate. <b>Purchase only. EPA #870000777 must be used when billing this item. See Expedited Prior Authorization (EPA), Section G.</b>
E1399	NU	\$1,000.00	Durable medical equipment, miscellaneous. (Potty chair, child, small/medium. Includes anterior/lateral support, hip strap, adjustable seat/back). <b>Purchase only.</b> Included in nursing facility daily rate. <b>EPA #870000778 must be used when billing this item. See Expedited Prior Authorization (EPA), Section G.</b>
E1399	NU	\$1,253.75	Durable medical equipment, miscellaneous. (Potty chair, child, large. Includes anterior/lateral support, hip strap, adjustable seat/back). <b>Purchase only.</b> Included in nursing facility daily rate. <b>EPA #870000779 must be used when billing this item. See Expedited Prior Authorization (EPA), Section G.</b>


## Wheelchairs, Durable Medical Equipment, and Supplies

HCPCS Code	Modifier	January 1, 2006 Maximum Allowable	Description
E1399	NU	\$168.99	Durable medical equipment, miscellaneous. (Heavy duty bath chair (for clients over 250 lbs.)). Included in nursing facility daily rate. <b>Purchase only. EPA #870000767 must be used when billing this item. See Expedited Prior Authorization (EPA), Section G.</b>

## Wheelchairs, Durable Medical Equipment, and Supplies

HCPSC Code	Modifier	January 1, 2006 Maximum Allowable	Description
------------	----------	---	-------------

### Blood Monitoring

A4660		\$31.45	Sphygmomanometer/blood pressure apparatus with cuff and stethoscope. <b>Purchase only.</b>
A4663		\$26.11	Blood pressure cuff only. <b>Purchase only.</b>
A4670		\$91.56	Automatic blood pressure monitor. <b>Purchase only.</b>
A9275		#	Home glucose disposable monitor, include test strips.
			
E0607		\$66.82	Home blood glucose monitor. <b>Purchase only. Limit of 1 per client, per 3 years.</b>
E2100		\$581.60	Blood glucose monitor with integrated voice synthesizer. <b>Requires prior authorization. Purchase only. Limit of 1 per client, per 3 years.</b>
E2101		#	Blood glucose monitor with integrated lancing/blood sample.

### Support Devices/Orthotics

See the Prosthetics and Orthotics Billing Instructions for Support Devices/Orthotics Codes

## Miscellaneous Durable Medical Equipment

E0202	RR	\$6.19/day	Phototherapy (bilirubin) light with photometer. <b>Rental only. Includes all supplies. Limit of five days of rental per client per 12-month period.</b>
E0602		\$29.52	Breast pump, manual, any type. <b>Purchase only.</b>
E0603	RR	\$2.79/per day	Breast pump, electric, AC and/or DC, any type. <b>Rental only. Requires prior authorization or expedited prior authorization. See Expedited Prior Authorization (EPA), Section G.</b>
E0604	RR	\$2.79/per day	Breast pump, heavy duty, hospital grade, piston operated, pulsatile vacuum suction/release cycles, vacuum regulator, supplies, transformer, electric, AC and/or DC. <b>Rental only. Requires prior authorization or expedited prior authorization. See Expedited Prior Authorization (EPA), Section G.</b>
E0650	NU RR	\$720.22 \$72.02	Pneumatic compressor, nonsegmental home model. <b>Deemed purchased after 1 year's rental.</b> Included in nursing facility daily rate. <b>Rental requires prior authorization or expedited prior authorization. See Expedited Prior Authorization (EPA), Section G.</b>
E0651		#	Pneumatic compressor, segmental home model without calibrated gradient pressure.
E0652		#	Pneumatic compressor, segmental home model with calibrated gradient pressure.
E0655		\$107.92	Extremity sleeve: nonsegmental pneumatic appliance for use with pneumatic compressor, half arm. <b>Purchase only.</b>
E0660		\$159.75	Extremity sleeve: nonsegmental pneumatic appliance for use with pneumatic compressor, full leg. <b>Purchase only.</b>
E0665		\$126.87	Extremity sleeve: nonsegmental pneumatic appliance for use with pneumatic compressor, full arm. <b>Purchase only.</b>

## Wheelchairs, Durable Medical Equipment, and Supplies

E0666	\$138.08	Extremity sleeve: nonsegmental pneumatic appliance for use with pneumatic compressor, half leg. <b>Purchase only.</b>
E0667	#	Segmental pneumatic appliance for use with pneumatic compressor, full leg
E0668	#	Segmental pneumatic appliance for use with pneumatic compressor, full arm
E0669	#	Segmental pneumatic appliance for use with pneumatic compressor, half leg
E0671	#	Segmental gradient pressure pneumatic appliance, full leg.
E0672	#	Segmental gradient pressure pneumatic appliance, full arm.
E0673	#	Segmental gradient pressure pneumatic appliance, half leg.
E0675	#	Pneumatic compression device, high pressure, rapid inflation/deflation cycle, for arterial insufficiency (unilateral or bilateral system).
E0691	#	Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection; treatment area two square feet or less
E0692	#	Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection, four foot panel.
E0693	#	Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection, six foot panel.
E0694	#	Ultraviolet multidirectional light therapy system in six foot cabinet, includes bulbs/lamps, timer and eye protection.
E0701	\$153.35	Helmet with face guard and soft interface material, prefabricated. <b>Limit of two per client per year.</b> Included in nursing facility daily rate. <b>Purchase only.</b>
E0710	#	Restraint, any type (body, chest, wrist or ankle)

## Wheelchairs, Durable Medical Equipment, and Supplies

E0935	RR	\$14.49/day	<b>Continuous</b> passive motion exercise device <b>for use on knee only</b> (complete). <b>Rental allowed for maximum of 10 days.</b> (Includes continuous passive motion softgoods kit). <b>Requires prior authorization or expedited prior authorization. See Expedited Prior Authorization (EPA), Section G. Description change.</b>
E1300		#	Whirlpool, portable (overtub type)
E1310		#	Whirlpool, nonportable (built-in type)
E1399	NU	\$35.45	Durable medical equipment, miscellaneous. (Breast pump kit, electric). <b>Purchase only. EPA #870000764 must be used when billing this item. See Expedited Prior Authorization (EPA), Section G.</b>
E2000	RR	\$51.83	Gastric suction pump, home model, portable or stationary, electric. <b>Rental only. Requires prior authorization.</b>
K0606		#	Automatic external defibrillator, with integrated electrocardiogram analysis, garment type.
K0607		#	Replacement battery for automated external defibrillator, garment type only, each.
K0608		#	Replacement garment for use with automated external defibrillator, each.
K0609		#	Replacement electrodes for use with automated external defibrillator, garment type only, each.
T5001	NU	\$640.74	Positioning seat for persons with special orthopedic needs, for use in vehicles. (5 years and older). <b>Rental and under 5 years of age require prior authorization.</b> Included in nursing facility daily rate.
	RR	\$64.07	

## Other Charges for DME Services

A9281	#	Reaching/grabbing device, any type, any length, each.
A9282	#	Wig, any type, each.

## Wheelchairs, Durable Medical Equipment, and Supplies

E0200	#	Heat/Cold Application. Heat lamp, without stand (table model), includes bulb, or infrared element.
E0203	#	Therapeutic lightbox, minimum 10,000 lux, table top model
E0205	#	Heat lamp, with stand, includes bulb, or infrared element
E0210	#	Electric heat pad, standard.
E0215	#	Electric heat pad, moist.
E0217	#	Water circulating heat pad with pump.
E0218	#	Water circulating cold pad with pump.
E0220	#	Hot water bottle
E0221	#	Infrared heating pad system.
E0225	#	Hydrocollator unit, includes pads.
E0230	#	Ice cap or collar
E0231	#	Non-contact wound warming device (temperature control unit, AC adapter and power cord) for use with warming card and wound cover.
E0232	#	Warming card for use with the non-contact wound warming device and non-contact wound warming wound cover.
E0235	#	Paraffin bath unit, portable (see medical supply code A4265 for paraffin)
E0236	#	Pump for water circulating pad.
E0238	#	Nonelectric heat pad, moist.
E0239	#	Hydrocollator unit, portable.
E0249	#	Pad for water circulating heat unit.

## Wheelchairs, Durable Medical Equipment, and Supplies

E1340		\$17.43	Labor, other DME repairs (other than wheelchairs), per quarter hour. (Trouble shooting, delivery, evaluations, travel time, etc. are included in the reimbursement of the items). <b>Requires prior authorization. For client-owned equipment only.</b>
E1399	NU RR	BR BR	Durable medical equipment, miscellaneous. (Other nonlisted durable medical equipment not otherwise listed). <b>Provide complete description including copy of manufacturer's product information and price catalog with request for authorization. Requires prior authorization.</b>